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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/683,129	11/21/2001	Scott E. Trevino	GEMS8081.108	1210
27061	7590	04/08/2005	EXAMINER	
ZIOLKOWSKI PATENT SOLUTIONS GROUP, SC (GEMS) 14135 NORTH CEDARBURG ROAD MEQUON, WI 53097			LEE, HWA C	
		ART UNIT	PAPER NUMBER	
		2672		

DATE MAILED: 04/08/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/683,129	TREVINO ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	Hwa C Lee	2672	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

1) Responsive to communication(s) filed on 16 August 2004.  
 2a) This action is FINAL.                    2b) This action is non-final.  
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

4) Claim(s) 1-32 is/are pending in the application.  
 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.  
 5) Claim(s) \_\_\_\_\_ is/are allowed.  
 6) Claim(s) 1-32 is/are rejected.  
 7) Claim(s) \_\_\_\_\_ is/are objected to.  
 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

9) The specification is objected to by the Examiner.  
 10) The drawing(s) filed on 21 November 2001 is/are: a) accepted or b) objected to by the Examiner.  
     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
 a) All    b) Some \* c) None of:  
 1. Certified copies of the priority documents have been received.  
 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)	4) <input checked="" type="checkbox"/> Interview Summary (PTO-413)
2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)	Paper No(s)/Mail Date. _____
3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____	5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)
	6) <input type="checkbox"/> Other: _____

**DETAILED ACTION**

***Election/Restrictions***

1. The 1.181 petition on the restriction requirement has been fully considered and deemed persuasive by the examiner based on the assertions made by the applicant's attorney in the remarks filed 08/16/2004. The applicant is now on the record for stating that the MRI apparatus and the method for acquiring medical images of Group II are not patentable without the details of the subcombination. Since the applicant has stated for the record that the limitations of the "GUI" recited in Group I and Group II are in fact the same limitations, The examiner is inclined to agree with the applicant and remove the restriction requirement. Specifically, the applicant states that the "modularizing selectors" of Group I is the same as the "modularizing tabs" of the Group II; and that the "messaging module" of Group I is the same as the "displaying prescription windows" in claim 20 and displaying messages in claims 30-31. The claims in Group II will be examined together with Group I, and the limitations recited by the applicant to be the same limitations will be treated as such for the purpose of art rejection. With this in mind, the examiner agrees to remove the restriction requirement. The applicant is advised that the non-final rejection mailed 06/14/2004 is vacated and new grounds of rejections will be applied in this office action.

***Response to Arguments***

2. Applicant's arguments, see page 13, filed 08/16/2004, with respect to claim 1 have been fully considered and are persuasive. The previous rejections of claims 1-15

have been withdrawn. In addition, withdrawn claims 16-32 will now be fully addressed since previous restriction requirement has been lifted.

***Claim Objections***

3. Claim 21 is objected to because of the following informalities: On line 2, the appropriate word, "is" should probably be "in". The applicant is advised to correct all similarly typographical errors that may be present throughout the application.

Appropriate correction is required.

***Claim Rejections - 35 USC § 102***

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

5. Claims 1-32 are rejected under 35 U.S.C. 102(e) as being anticipated by Banks et al., US Patent No: 6,674,449.

The applied reference has a common assignee with the instant application.

Based upon the earlier effective U.S. filing date of the reference, it constitutes prior art under 35 U.S.C. 102(e). This rejection under 35 U.S.C. 102(e) might be overcome either by a showing under 37 CFR 1.132 that any invention disclosed but not claimed in the reference was derived from the inventor of this application and is thus not the invention "by another," or by an appropriate showing under 37 CFR 1.131.

6. In regards to claim 1, Banks teaches a ***GUI for prescribing medical imaging sessions comprising:*** (FIGS. 3-10) ***a plurality of modularizing selectors configured to facilitate workflow through an imaging application*** (FIGS. 3-10 and Col. 6, lines 14-27; Col. 12, line 25 – Col. 14, line 55); ***a plurality of status indicators, each status indicator correlating with a modularizing selector and configured to display at least one of selection of the modularizing selector and completion of tasks associated with the modularizing selector*** (FIG. 5 and Col. 12, line 65 – Col. 13, line 15); ***and a messaging module configured to automatically display messages regarding the imaging application*** (FIG. 5 and Col. 12, line 50 – Col. 14, line 32).

7. Banks et al. explicitly teaches (FIGS. 3-10) a graphical user interface for prescribing medical imaging sessions. Workflow navigation space (278) allows the technician to facilitate medical imaging workflow by providing a plurality of user selectable icons, which specifically are modularizing selectors. When one of said icons representing steps of said medical imaging workflow is selected, a digital tab (276) is provided. According to the applicant's remarks filed 08/16/2004, modularizing selectors specifically are modularizing tabs, and thus, Banks et al. explicitly teaches modularizing selectors to facilitate workflow through an imaging application. In addition, each modularizing tab comprises workflow icon sets (284, 286, 288, and 290). Each of the workflow icons includes a virtual button and an LED illustration (292) which when the icon is selected, lights up. Said LED illustration is a status indicator, which correlates with the modularizing selector. Thus, Banks et al. teaches ***displaying at least one of selection of the modularizing selector and completion of tasks associated with***

***the modularizing selector.*** Since the applicant recites the alternate language, “at least one of”, Banks et al. satisfies the limitation. Never the less, when the LOCALIZER imaging session is finished, the corresponding image is displayed (280), which signals the completion of said imaging session. It would also make sense to turn off the LED (292) when said imaging session is completed. Since LEDs are not designed to stay on indefinitely, completion of said imaging session must turn of the LED. In addition, FIG. 3 explicitly teaches a “complete status” for each exam, which specifically is a status indicator to indicate a completion of task. Further, Banks et al. teaches a messaging module as recited in the instant claims. Said recitation of messaging module is broadly stated, and thus there are several candidates in the teachings of Banks et al. that satisfy said limitation. The selection of the digital tab (276) automatically opens a plurality of information in the workspace (254) comprising imaging parameters (300, 302, 304, 306, 310, 280), which specifically are messages given to the technician regarding selected imaging application. Also, said patient information displayed on FIGS. 3-4 are also messages provided regarding the selected imaging application (patient information and imaging schedule). In addition, the protocols information and modification module (FIGS. 7-10) is also a messaging module, especially since FIG. 9-10 displays the “Accept” button for allowing the technician to accept the modification. Asking to accept the modification specifically is a message to the technician regarding the selected protocols module. Further yet, Banks et al. teaches a password security feature (Col. 17, lines 1-14), which is a message to the technician to enter a proper password.

8. In regards to claim 2, Banks et al. explicitly teaches ***the GUI of claim 1 further comprising at least two application regions and wherein the plurality of modularizing selectors are aligned vertically in a single application region*** (FIGS. 3-10). Banks et al. explicitly teaches a plurality of application regions (218, 252, 278, 282, 254, and 280). In addition, said plurality of modularizing selectors (icons and digital tabs) are explicitly aligned vertically in a single application region (256, 258, 276, 260, 262, 264, and 290).

9. In regards to claim 3, Banks et al. explicitly teaches ***the GUI of claim 2 further comprising a plurality of windows corresponding in number to the plurality of modularizing selectors, the plurality of windows configured to present a number of scan parameters***. FIGS 3-10 explicitly teach individually corresponding windows that are displayed when an icon (digital tab) is selected (one window for each modularizing selector), and each window comprises a number of scan parameters. For example, on FIG. 5, workspace 254 displays patient position (310), technique (300), range (302); scan time (304), processing (306).

10. In regards to claim 4, Banks et al. explicitly teaches ***the GUI of claim 1 further comprising at least one of a scan status indicator and a list of components necessary to initiate scan activity***. FIG. 5 clearly shows scan status when the acquire modularizing selector is selected (the LED (292) lights up to show scan status). In addition, a list of parameters required to initiate said scan are displayed as applied to claim 3 above. Further, the applicant recites the alternate language, "at least one of",

which only requires one of the listed limitations. Thus the scan status (292) is sufficient to satisfy the limitation.

11. In regards to claim 5, Banks et al. explicitly teaches a messaging module as applied to claim 1 above. In addition, the workspace (254) specifically is a messaging region. As applied above in claims 1 and 4, the applicant recites the alternate language, "at least one of", which only requires one of the listed elements. Since on FIG. 5, the list of imaging parameters and listed on workspace (254), said limitation is satisfied. In addition, as applied to claim 1 above, the display of image (280) signifies the completion of the scan session, which specifically is displaying scan status. Further, said workspace 254 specifically is positioned in a lower portion of the GUI.

12. In regards to claim 6, Banks et al. explicitly teaches ***the GUI of claim 1 wherein the messaging module includes a pop-up dialog configured to display an invalidity of a user input.*** As applied to claim 1 above, Banks et al. teaches password security feature (Col. 17, lines 1-14), which specifically is a dialog window configured to display an invalidity of a user input (in case of incorrect password). In the context of object oriented programming comprising of GUI as applied to claim 1, said password input dialog box must be a pop-up dialog.

13. In regards to claim 7, Banks et al. explicitly teaches ***the GUI of claim 1 further comprising a plurality of application-specific selectors that upon user selection each application-specific selection is configured to display a window specific of the imaging application an wherein the plurality of application-specific selectors are horizontally oriented.*** FIGs. 3-10 explicitly displays a plurality of modularizing

selectors (256, 258, 260, 262, 264, 222, 224, 226). It is clear that said selectors (222, 224, 226) are horizontally oriented **with respect to each other** while said selectors (256, 258, 260, 262, and 264) are vertically oriented **with respect to each other**. The applicant recites the plurality of application-specific selectors are **horizontally oriented**. It is clear that all selectors including 256, 258, 260, 262, and 264 are **horizontally oriented**. Since the icons and the text accompanying the icon are **horizontally oriented**, said selector specifically is horizontally oriented. Selectors 256, 258, 260, 262, and 264 are vertically oriented **with respect to each other**, while selectors 222, 224, and 226 are horizontally oriented **with respect to each other** with corresponding windows (FIGS. 8-10). Further, Banks et al. explicitly teaches that a window corresponding to each modularizing selector is displayed when each selector is selected as applied to claims 3 above, and said window is specific to the imaging application represented by said modularizing selector.

14. In regards to claim 8, Banks et al. explicitly teaches **the GUI of claim 7 wherein the plurality of application-specific selectors include a landmark selector** (FIG. 5, LOCALIZER, 284), **a patient information selector** (FIG. 4, PATIENT INFO 266, 256, 255, 254), **an advanced settings selector** (FIGS. 8-10, PROTOCOLS, 352, 354), **and a help selector** (Col. 9, line 15 – Col.10, line 17 and FIG. 9), **and wherein each of application-specific selector is configured to launch a application specific window upon user selection, wherein the application specific windows include a landmark window configured to aid user positioning of scan subject, a patient information window configured to display patient information, an advanced**

***settings and parameters window configured to display advanced settings and parameters for the imaging application, and a help configured to display assistance information related to the imaging application.***

15. As applied to claim 7 above, selection of each modularizing selector launches corresponding application specific window. In addition, said LOCALIZER (284) image (280) specifically is a landmark window configured to aid user positioning of scan subject (patient), which allows for proper positioning of said subject for the imaging session. Also, said PATIENT INFO (266, 256, 255, and 254) explicitly displays patient information. Said PROTOCOLS (352, 354) selector allows the user to see and modify specific parameters for specific imaging session, which specifically is advanced settings. Further, the two tables (FIG. 2) explicitly are designed to guide a technologist thought an imaging process (Col. 9, line 15 – Col. 10, line 17 and FIG. 9-), which specifically is assistance information related to the imaging application.

16. In regards to claim 9, Banks et al. explicitly teaches ***the GUI of claim 1 having a layout configured to facilitate left-to-right and top-to-bottom MR prescription workflow to guide a user logically through a managed prescription.*** FIGS. 3-10 explicitly teaches left-to-right and top-to-bottom layout for workflow. In addition, Banks et al. explicitly teaches MR (Col. 1, line 14 – Col. 2, line 54; Col. 3, lines 3-20; Col. 4, line 6 – Col. 5, line 32).

17. In regards to claim 10, the same basis and rationale for claim rejection as applied to claim 1-9 above. Banks et al. explicitly teaches a graphical workflow management tool as applied to claim 1 above. Said graphical workflow management tool is used to

prescribe a plurality of medical imaging modalities including MR as applied to claim 9 above. In addition, a plurality of digital tabs, which specifically are a plurality of prescription tabs, are aligned vertically on the GUI as applied to claim 2 above. Banks et al. teaches a plurality of status indicators, wherein each indicator is configured to display a status of activities for a corresponding prescription tab (FIGS. 3-10) as applied to claims 1-5 above. In addition, Banks et al. explicitly teaches a plurality of context-specific tabs aligned horizontally on the GUI (222, 224, 226) as applied to claim 7 above.

18. In regards to claim 11, Banks et al. explicitly teaches a messaging module as applied to claims 1 and 5 above.

19. In regards to claim 12, Banks et al. explicitly teaches ***the prescription tabs are generally disposed generally along the left side of the GUI (256, 258, 260, 262, and 264), wherein the plurality of context-specific tabs are disposed generally along a top region of the GUI (222, 22, and 226), and wherein the messaging module is disposed generally along a bottom region of the GUI (FIG. 5, 254 as applied to claim 5 above).***

20. In regards to claim 13, Banks et al. explicitly teaches ***the tool of claim 10 further comprising a plurality of parameter windows wherein each parameter window is associated with a prescription tab and is configured to display a number of scan parameters associated with a tab*** as applied to claim 3 above.

21. In regards to claim 14, Banks et al. teaches ***the tool of claim 13 wherein the number of scan parameters is specific to a particular imaging application and***

***includes a set of scan parameters most important to scan session*** (FIGS. 5-10 and Col. 12, line 65 – Col. 14, line 55). Selecting a specific icon reveals a corresponding window comprising a set of parameters, wherein the most commonly modified parameter set and associated tools are displayed. In addition, another window can be opened to display a larger set of parameters, which are only seldom used. Thus, displaying the most commonly modified parameters specifically is displaying the most important parameters. Those not as important (seldom used) are only displayed upon further user request.

22. In regards to claim 15, Banks et al. explicitly teaches ***the tool of claim 10 having a visual appearance consistent across multiple imaging applications.*** FIGS. 5-10 shows a plurality of imaging applications, wherein the visual appearance is explicitly consistent.

23. In regards to claim 16, Banks et al. explicitly teaches ***an MRI apparatus to prescribe an imaging session and acquire imaging data, the MRI apparatus comprising: a magnetic resonance imaging (MRI) system having a plurality of gradient coils positioned about a bore of a magnet to impress a polarizing magnetic field, and a RF transceiver system and an RF switch controlled by a pulse module to transmit RF signals to an RF coil assembly to acquire MR image.***

24. As applied to claims 1 and 9, Banks et al. teaches an imaging apparatus system for imaging from a plurality of medical imaging modalities including MRI apparatus. Banks et al. teaches ***a magnetic resonance imaging (MRI) system having a plurality of gradient coils positioned about a bore of a magnet to impress a polarizing***

***magnetic field, and a RF transceiver system and an RF switch controlled by a pulse module to transmit RF signals to an RF coil assembly to acquire MR image*** since said limitations specifically are inherently present in the MRI apparatus of Banks et al. since said components are required for all MRI apparatus (Col. 6, line 65 – Col. 8, line 49).

25. Banks et al. explicitly teaches a ***computer programmed to: (A) receive a launch MR application command; (B) launch an MR application*** (FIGS. 3-10). Said imaging system comprising the GUI displayed in FIGS. 3-10 specifically is computer program running on a computer (FIG. 1; Col. 7, line 4 – Col. 8, line 49). Said GUI allows the user to activate imaging sessions and facilitate medical imaging workflow as applied to claim 1 above. When a modularizing selector is selected, said MR application launch command is received by the CPU via the GUI and launches the MR application, which specifically is activation of specific imaging application. For example, the SCHEDULE selector launches examination schedule, and ACQUIRE selector launches the image acquisition application of MR application.

26. Banks et al. explicitly teaches ***(C) receive a number of application step identifiers.*** For example, when the ACQUIRE selector is selected, a plurality of step identifiers are listed on the GUI for sending said each step command to the CPU (FIG. 5, 284, 286, 288, 290), and when the LOCALIZER is initiated by selected it, said plurality of parameter identifiers are displayed fore sending to the CPU by selecting ACCEPT.

27. Banks et al. explicitly teaches (*D*) **display a GUI on a console, the GUI having a number of tabs equal to the number of identified application steps.** FIGS. 5-10 explicitly shows a plurality of digital tabs, one for each application step.
28. Banks et al. explicitly teaches (*E*) **initiate a localizer scan for at least one localizer and display a status of the localizer scan on the GUI** (FIG. 5, 284, 310, 280).
29. Banks et al. explicitly teaches (*F*) **receive a prescription command and acquire MR image in response to the received prescription command for an application step; and (*G*) receive another prescription command and acquire MR images in response to the received another prescription command for another application step.** FIGS. 5-10 explicitly teaches a plurality of icons representing a plurality of application steps (256, 258, 260, 262, 284, 286, 288, and 290), wherein said selection of each application step selector must send a command to the CPU for acquiring an MR image. For example, selecting 284, 286, 288, and 290 results in acquisition of an MR image (Col. 12, line 65 – Col. 14, line 33). Further for each imaging prescription command (e.g. LOCALIZER), there are a plurality of prescription application steps involved, which can be listed and modified in the PROTOCOLS selector module (352).
30. In regards to claim 17, the same basis and rationale for claim rejection as applied to claim 16 above. As long as the technician continues to select another image acquisition selector, step (*G*) will be repeated.

31. In regards to claim 18, Banks et al. explicitly teaches ***the MRI apparatus of claim 16 wherein the computer is further programmed to display, on the GUI, the acquired MR images*** (FIG. 5, No. 280; FIG. 6, No. 320).
32. In regards to claim 19, Banks et al. explicitly teaches ***the MR apparatus of claim 16 wherein the computer is further programmed to receive a re-prescription command for an application step and reacquire previously acquired MR images for the application step*** (Col. 13, line 26 – Col. 14, line 32). The technician can acquire a series of images by changing the parameters, which specifically is reacquiring previously acquired MR images. Thus, multiple imaging commands specifically are sending and receiving re-prescription commands.
33. In regards to claim 20, Banks et al. explicitly teaches ***the MR apparatus of claim 16 wherein the computer is further programmed to display a series of prescription windows on the GUI*** (FIGS. 5-10 and Col. 13, line 26 – Col. 14, line 32) as applied to claim 19 above. For each imaging prescription, a window is displayed on the GUI, which specifically is displaying a series of prescription windows on the GUI.
34. In regards to claim 21, Banks et al. explicitly teaches ***the MR apparatus of claim 16 wherein the computer is further programmed to reposition an MR image on the GUI in response to a image reposition user input*** (Col. 15, lines 39-59). Displaying different portions of the 3D model specifically is repositioning the MR image on the GUI.
35. In regards to claim 22, Banks et al. explicitly teaches ***the MR apparatus of claim 16 wherein the computer is further programmed to continually display a scan status on the GUI, wherein the scan status includes one of stand-by, in-progress,***

**and completed** as applied to claims 1, 5, and 10 above. Again, the applicant recites the alternate language, “one of”, and thus Banks et al. explicitly teaches said limitations.

36. In regards to claim 23, the same basis and rationale for claim rejection as applied to claims 2, 7, and 12 above.

37. In regards to claim 24, Banks et al. explicitly teaches ***the MR apparatus of claim 16 wherein the computer is further programmed to display a summary module on the GUI, the summary module enabling review of prescription commands for acquiring medical imaging data*** (FIG. 8-10). Said PROTOCOLS selector allows the user to see a list of prescription commands for review and modification, which specifically is a summary module.

38. In regards to claim 25, Banks et al. explicitly teaches ***a method for acquiring medical images comprising: receiving a launch application instruction; launching the application*** as applied to claims 1, 10, and 16 above, said apparatus of claims 1, 10, and 16 specifically performs the methods as recited in the present claim.

39. Banks et al. teaches imaging system applicable for a plurality of imaging modalities (Col. 5, line 54 – Col. 8, line 49). Thus, depending on the modality system selected by the user, the number of prescription steps will differ, which is then determined by the system. In addition, each imaging session, (284, 286, 288, and 290) all require specific imaging parameters and steps, and thus, when the user selects one of 284, 286, 288, and 290, the system must determine the number of prescription steps based on the user input.

40. Banks et al. explicitly teaches ***displaying a GUI for prescribing an image session, the GUI having a number of vertically aligned modularizing tabs corresponding to the number of prescription steps*** as applied to claims 2, 10, and 23 above.

41. In regards to claim 26, the same basis and rationale for claim rejection as applied to claims 7, 10, and 23 above.

42. In regards to claim 27, the same basis and rationale for claim rejection as applied to claims 12, 23, and 26 above.

43. In regards to claim 28, the same basis and rationale for claim rejection as applied to claims 9 and 15 above. Left-to-right and top-to-bottom logically arranged workflow GUI specifically is a logical and structured workflow of prescribing a medical imaging session.

44. In regards to claim 29, the same basis and rationale for claim rejection as applied to claims 2 and 12 above.

45. In regards to claim 30, the same basis and rationale for claim rejection as applied to claim 5 and 12 above.

46. In regards to claim 31, the same basis and rationale for claim rejection as applied to claim 5 above. In addition, Banks et al. explicitly teaches scan times (304). Further, the applicant recites an alternate language, "at least one of", and thus Banks et al. explicitly teaches said limitations.

47. In regards to claim 32, the same basis and rationale for claim rejection as applied to claim 1 above. Banks et al. explicitly teaches status indicator to indicate completion of a prescription step as applied to claim 1 above.

### ***Conclusion***

48. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The following teaches workflow facilitation using GUI in medical treatments.

Macrae et al. (US Patent No: 5,786,816)

Ting et al. (US Patent No: 6,426,759)

SIEMENS MEDICAL SOLUTIONS USA, INC. (WO 02/30899)

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Hwa C Lee whose telephone number is 703-305-8987. The examiner can normally be reached on M-F 8:00-5:30.

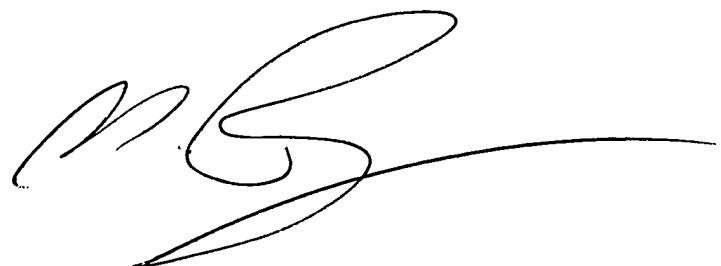
If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Michael Razavi can be reached on 703-305-4713. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Art Unit: 2672

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Hwa C Lee  
Examiner  
Art Unit 2672

HCL  
03/18/2005

A handwritten signature in black ink, appearing to read "Hwa C Lee".